# FORM D

### UNITED STATES

111868 OMB APPROVAL

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

hours per res	ponse 1.00
SEC U	JSE ONLY
Prefix	Serial
DATE	RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Series A-1 Preferred Stock (and the Common Stock into which it may be converted), Series A-2 Preit may be converted)	eferred Stock (and the Common Stock into which
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506  Type of Filing:  New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
<ol> <li>Enter the information requested about the issuer</li> <li>Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)</li> <li>White Rock Networks, Inc.</li> </ol>	( TEC 2 4 2002 )
Address of Executive Offices (Number and Street, City, State, Zip Code)  1301 West President George Bush Fwy., Suite 350, Richardson, TX 75080	Telephone Number (Including Area Code) 972-543-6900
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Same	Telephone Number (Including Area Code) Same
Brief Description of Business Provides fiber-based carriers with optical transport systems for high-speed data transmission.	PROCESSED
Type of Business Organization  corporation  limited partnership, already formed  business trust  limited partnership, to be formed  other	(please specify):
Actual or Estimated Date of Incorporation or Organization:    Month   Year	FINANCIAL Actual Estimated

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC II	ENTIFICATION DATA			
<ul> <li>Each beneficial owner</li> </ul>	issuer, if the issuer having the power to er and director of cor	nas been organized within the o vote or dispose, or direct to porate issuers and of corpora			of equity securities of the issuer; issuers; and	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Martin III, William Linus			-			
Business or Residence Address	s (Number and Stre	et, City, State, Zip Code)				
18111 Preston Road, Suite 90	00, Dallas, TX 752:	52				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if Brooks, Todd	individual)					
Business or Residence Address	Number and Stra	et City State 7 in Code)	-			
Mayfield Fund, 2800 Sand H	•					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)	•				
Carano, Bandel	,					
Business or Residence Address	(Number and Stre	et City State Zin Code)				
Oak Investment Partners, 52	•	•	A 94301			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Masella, Anthony Joseph	,					
Business or Residence Address	(Number and Stre	et City State Zin Code)				
5624 Crowndale Drive, Planc	•	.,,				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if i	individual)					
Lowe, Gregory David	marviduar)					
Business or Residence Address	(Number and Stree	et City State Zin Code)	·			
5518 Tamaron Ct, Dallas, TX	•	et, etty, state, zip code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if i	ndividual)				Transpire a mer	
William L. Martin III and M	•	1. Co-Trustees of the Will	iam and Michael Ann Ma	rtin Family Living	z Trust u/a/d 12-22-99	
Business or Residence Address						
3510 Turtle Creek Blvd. #3E.	,	· · · · · · · · · · · · · · · · · · ·				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if i	ndividual)		110			
Entities Affiliated with Oak I		rs				
Business or Residence Address						
525 University Ave., Suite 130	•	•				
		· · · · · · · · · · · · · · · · · · ·	ditional copies of this sheet	, as necessary)		

Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Entities Affiliated with May	field Fund		وللمورد والمحادث		
Business or Residence Addre 2800 Sand Hill Road, Suite	•				
			D Everyting Officer	Dinastan	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, in Entities Affiliated with Mer		we			
Business or Residence Addre 90 Middlefield Road, Suite	•				
			□ B .: 00f	N 2	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Leibhaber, Richard T.					
Business or Residence Addre	ss (Number and Street	t, City, State, Zip Code)			
P.O. Box 8210, McLean, VA	22106				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Stacks, Nelson					
Business or Residence Addre	ss (Number and Street	t, City, State, Zip Code)			
c/o 3i Technology Partners,	·		MA 02451		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Sledge, Don					
Business or Residence Addre.	ss (Number and Street	t City State Zin Code)			
c/o Fremont Ventures, 199 l	*				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)				Wanaging Fature
Nekoranec, Anna	,				
Business or Residence Address	ss (Number and Street	t, City, State, Zip Code)			
	,		e, LeTruchut St. Peter Po	ort, Guernesey, Cha	nnel Islands, GYI 4PW Great
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Check Box(es) that Approx.	Tromoter	Belieficial Owlief			Managing Partner
Full Name (Last name first, if	findividual)				
Entities Affiliated with Inve	stor Growth				
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			
P.O. Box 626, National Wes	tminster House, LeT	ruchut St. Peter Port, Gi	iernesey, Channel Island	s, GYI 4PW Great	Britain
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
3i Technology Partners, L.P					
Business or Residence Address		, City, State, Zip Code)			<del>, , , , , , , , , , , , , , , , , , , </del>
880 Winter Street, Suite 330	•				
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Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Entities Affiliated with Fre	mont Ventures				
Business or Residence Addre	ess (Number and Stre	eet, City, State, Zip Code)			
199 Fremont Street, San Fr	ancisco, CA 94105				

				В	INFOR	MATION .	ABOUT OI	FFERING				
<ol> <li>Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?</li> <li>Answer also in Appendix, Column 2, if filing under ULOE.</li> <li>What is the minimum investment that will be accepted from any individual?</li> </ol>								Yes	No ⊠			
2. What i	is the minimu	m investmen	t that will be	accepted fro	om any indiv	idual?						o minimum
<ol><li>Does t</li></ol>	he offering p	ermit joint ov	vnership of a	single unit?	*****************************		*************				Yes ⊠	No □
4. Enter t remun-	he information eration for so or agent of a ve (5) person	on requested f licitation of p broker or dea	or each perso urchasers in aler registered	on who has be connection v d with the SE	een or will be vith sales of s EC and/or wit	paid or giver ecurities in th h a state or si	n, directly or ne offering. I tates, list the	indirectly, an f a person to name of the b	y commissio be listed is ar broker or dea	n or similar n associated ler. If more		
Full Name (	Last name fir	st, if individu	ıal)									
Business or	Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)		<u> </u>					<b></b>
Name of As	sociated Brol	ker or Dealer		-							_	
States in Wh	nich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(Check "A	All States" or	check indivi	duals States)				***************************************				□ A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[[1]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (	Last name fir	st, if individu	ıal)									
Business or	Residence A	ddress (Numl	ber and Stree	t, City, State	, Zip Code)							
Name of As	sociated Brol	cer or Dealer	7000									
States in WI	nich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers	,						
(Check "A	All States" or	check indivi	duals States)	***************					***************************************		ПА	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[1/1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (	Last name fir	st, if individu	ıal)									
Business or	Residence A	ddress (Numi	per and Stree	t, City, State	, Zip Code)						· · · · · ·	
Name of Ass	sociated Brok	er or Dealer										
	nich Person L										A	II States

	OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PRO	OCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	A as	gregate	A mou	nt Already
	Type of Security		ing Price		Sold
	Debt	\$	0	\$	00
	Equity	\$ 43,0	00,000,000	\$ <u>8,</u>	038,314.00
	☐ Common ☐ Preferred	S			
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify)	\$	0	\$	0
	Total	\$_43,0	00,000,000	\$ <u>8,</u>	038,314.00
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
				Dolla	gregate r Amount urchase
	Accredited investors		25	<b>\$_8</b> ,0	38,314.00
	Non-accredited Investors		0	\$	0.00
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of Offering				r Amount Sold
	Rule 505			\$	
	Regulation A			\$	
	Rule 504			\$	
	Total			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		$\boxtimes$	\$1	00,000.00
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
	Total		$\boxtimes$	\$ 1	00,000.00

tot pro 5. Inc the lef	al expenses furnished in response to occeds to the issuer."	ggregate offering price given in response to Part C - Question 1 are part C - Question 4.a. This difference is the "adjusted gross ted gross proceeds to the issuer used or proposed to be used for each any purpose is not known, furnish an estimate and check the box to syments listed must equal the adjusted gross proceeds to the issuer 4.b above.	h of the	\$ <u>42,900,000.00</u>
the lef	purposes shown. If the amount for t of the estimate. The total of the pa	any purpose is not known, furnish an estimate and check the box to syments listed must equal the adjusted gross proceeds to the issue	the	
			Payments to Officers, Directors & Affiliates	Payments To Others
Sa	laries and fees		. 🗆 \$	□ \$
Pu	rchase of real estate		. 🔲 \$	□ \$
Pu	rchase, rental or leasing and installa	ation of machinery and equipment	. 🗆 \$	□ \$
Co	enstruction or leasing of plant buildi	ngs and facilities	. П \$	Пs
Ac	equisition of other businesses (inclu	ding the value of securities involved in this offering that may be urities of another issuer pursuant to a merger)		
Re	payment of indebtedness		. 🗆 \$	□ <b>\$</b>
W	orking capital		. <b>□</b> \$	
		otals added)		
	Total Payments Listed (Column t	otals added)	. <u> </u>	00,000.00
		D. FEDERAL SIGNATURE		
undertak	ing by the issuer to furnish the U.S. S	ned by the undersigned duly authorized person. If this notice is filed usecurities and Exchange Commission, upon written request of its staff. of Rule 502.		
•	Print or Type)	Signature William I	Pate 12/19/02	2_
Name of	ock Networks, Inc.  f Signer (Print or Type)  Linus Martin III	Title of Signer (Print or Type) President	12/ 1/02	
Name of	f Signer (Print or Type)	1 /		